# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| Т  | he C/OH Instruction Gui                                     | DE explains how to complete this form.  | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE #<br>1 of 23  |  |  |  |
|----|---|---|---|--|--|--|--|
| 3  | CANDIDATE /<br>OFFICEHOLDER                                 | MS/MRS/MR FIRST Mr. Frank   | MI  | OFFICE USE ONLY  |  |  |  |
|    | NAME  | NICKNAME LAST   | SUFFIX  | Date Received  |  |  |  |
|    |   | Leffingwell   | SUFFIX  | JAN 1 4 2015   |  |  |  |
| 4  | CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | P.O. Box 686 Round Rock, TX 78680   | CITY: STATE; ZIP CODE                           | S, WHAT Date Hand-delivered or Date Postmarked   |  |  |  |
|    |   |   |   | Receipt # Amount   |  |  |  |
| 5  | CAMPAIGN<br>TREASURER                                       | MS / MRS / MR FIRST   | MI  | Date Processed   |  |  |  |
|    | NAME  | Judy  |   | Date Imaged  |  |  |  |
|    |   | NICKNAME LAST  McLeod   | SUFFIX  |  |  |  |  |
| 6  | CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); .APT / S P.O. Box 686 Round Rock, TX 78680 | SUITE #; CITY; STATE;                           | ZIP CODE   |  |  |  |
| 7  | CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (512) 246-3040   | EXTENSION                                       |  |  |  |  |
| 8  | REPORT TYPE   | X January 15 30th day before el   |   | 15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR) |  |  |  |
|    |   |   |   |  |  |  |  |
| 9  | PERIOD<br>COVERED   | Month Day Year  | Month Day                                       | Year   |  |  |  |
|    |   | тнғ<br>09/25/2014   | ROUGH<br>12/31/20                               | 14   |  |  |  |
| 10 | ELECTION  | Month Day Year Prim   |   | General X Special  |  |  |  |
| 11 | OFFICE  | OFFICE HELD (if any)  | 12 OFFICE SOUGHT (if known) Round Rock City Co  |  |  |  |  |
|    | GO TO PAGE 2  |   |   |  |  |  |  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

|  |  |  | OOVLI                 | CILLI PG Z  |  |
|--|--|--|-----------------------|---|--|
| 13 C/OH NAME Leffin  | gwell, Frank (Mr.)   |  | 14 ACCOUNT # 00000001 | (Ethics Commission filers)  |  |
| 15 NOTICE FROM  This box is for notice of political expenditures by political committees to support the candidate / officeholder. These explained information only if they receive notice of such expenditures |  |  |                       |   |  |
| POLITICAL<br>COMMITTEE(S)  | COMMITTEE TYPE   | COMMITTEE NAME   |                       |   |  |
|  | GENERAL  | COMMITTEE ADDRESS  |                       |   |  |
|  | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  | <del></del>           |   |  |
| additional pages   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                       |   |  |
|  |  |  |                       |   |  |
| 16 CONTRIBUTION<br>TOTALS  |  | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                    | 0.00  |  |
|  |  | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                   | \$                    | 15,000.00   |  |
| EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS   |  | <b>\$</b>  | 0.00                  |   |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  |  |                       | 11,462.93   |  |
| CONTRIBUTION<br>BALANCE  |  | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE<br>Y OF THE REPORTING PERIOD                               | \$                    | 7,537.07  |  |
| OUTSTANDING<br>LOAN TOTALS   |  | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>Y OF THE REPORTING PERIOD                        | \$                    | 0.00  |  |
| 17 AFFIDAVIT   |  |  |                       |   |  |
| CHRISTOPHER G. HILDRETH Notary Public, State of Texas My Commission Expires September 06, 2015  Signature of Candidate or Officeholder   |  |  |                       |   |  |
| AFFIX NOTARY S   | TAMP / SEAL ABOVI  | ≣  |                       |   |  |
|  | Sworn to and subscribed before me, by the said Frank Lessingwell , this the 14th day |  |                       |   |  |
| of January, 21   | 0_15, to cer   | tify which, witness my hand and seal of office.  |                       |   |  |
| Ch. Nu.  | istering oath  | Christopher G. 1-lildreth Print name of officer administering oath                                     | Notary Pa             | مارة المارة ا |  |

|   | 011121( 11) 11 1 225 225 31 25 11 15 1 15 1 15 1 15 |   |                     |  |   |  |  |
|---|---|---|---------------------|--|---|--|--|
|   | The Instruction                                     | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 1/               | 14 Report: 3/23                                     |  |  |
| 2 | FILER NAME  | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001                    | (Ethics Commission filers)                          |  |  |
| 4 | Date  | 5 Full name of contributor  | #)                  | 7 Amount of contribution (\$)          | 8 In-kind contribution description (if applicable)  |  |  |
|   | 12/22/2014  | 6 Contributor address; City; State; Zip Code<br>1958 Steamway<br>Round Rock, TX 78626       |                     | \$500.00                               | <br>  |  |  |
|   |   |   |                     | (If travel outside of                  | Texas, complete Schedule T)                         |  |  |
| 9 | Principal occup                                     | pation / Job title (See Instructions)   | 10 Employer (See In | structions)                            |   |  |  |
|   | Date  | Full name of contributor  | #)                  | Amount of contribution (\$)            | In-kind contribution description (if applicable)    |  |  |
|   | 12/18/2014  | Contributor address; City; State; Zip Code<br>11570 Research Boulevard<br>Austin, TX 78759  |                     | \$100.00                               |   |  |  |
|   | Disciple  |   | F1(01-              | **** *** *** *** *** *** *** *** *** * | Texas, complete Schedule T)                         |  |  |
|   | Principal occup                                     | ation / Job title (See Instructions)  | Employer (See In    | structions)                            |   |  |  |
|   | Date  | Full name of contributor  | <u> </u>            | Amount of contribution (\$)            | In-kind contribution description (if applicable)    |  |  |
|   | 12/04/2014  | Contributor address; City; State; Zip Code 511 River Chase Boulevard Georgetown, TX 78628   |                     | \$250.00                               | <br>  |  |  |
|   |   |   |                     | (If travel outside of                  | Texas, complete Schedule T)                         |  |  |
|   | Principal occup                                     | ation / Job title (See Instructions)  | Employer (See In:   | structions)                            |   |  |  |
|   | Date  | Full name of contributor  uut-of-state PAC (ID# Avery, Charles & Beth (Mr. and Mrs.)        | !)                  | Amount of contribution (\$)            | In-kind contribution description (if applicable)    |  |  |
|   | 12/17/2014  | Contributor address; City; State; Zip Code<br>4029 Sable Oaks Drive<br>Round Rock, TX 78664 |                     | \$250.00                               |   |  |  |
|   |   |   |                     | (If travel outside of                  | Texas, complete Schedule T)                         |  |  |
|   | Principal occup                                     | ation / Job title (See Instructions)  | Employer (See Ins   | structions)                            |   |  |  |
|   | Date  | Full name of contributor  | !)                  | Amount of contribution (\$)            | In-kind contribution<br>description (if applicable) |  |  |
|   | 12/18/2014  | Contributor address; City; State; Zip Code 2803 Pecos Street Austin, TX 78703               |                     | \$250.00                               |   |  |  |
|   |   |   |                     | (If travel outside of                  | Texas, complete Schedule T)                         |  |  |
|   | Principal occup                                     | ation / Job title (See Instructions)  | Employer (See In:   |  |   |  |  |
|   |   |   |                     |  |   |  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 2/              | 14 Report: 4/23                                    |  |  |
|---|------------------|---|---------------------|---------------------------------------|--|--|--|
| 2   | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001                   | (Ethics Commission filers)                         |  |  |
| 4   | Date             | 5 Full name of contributor  ut-of-state PAC (ID: Baese, Writ (Mr.)                            | <u> </u>            | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable) |  |  |
|   | 11/24/2014       | 6 Contributor address; City; State; Zip Code<br>2721 Loyago Dr<br>Rock Rock, TX 78681         |                     | \$350.00                              | <br>   |  |  |
|   |                  |   |                     | • 00 00 00 00 00 00 00 00 00 00 00 00 | Texas, complete Schedule T)                        |  |  |
| 9   | Principal occup  | pation / Job title (See Instructions)   | 10 Employer (See In | structions)                           |  |  |  |
|   | Date             | Full name of contributor  | £)                  | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |  |  |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>1946 Savannah Drive<br>Round Rock, TX 78681     |                     | \$50.00                               | 1<br> <br>   |  |  |
|   |                  |   |                     | (If travel outside of                 | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   |                                       | rexas, complete concade 1/                         |  |  |
|   |                  | · · ·   | . , .               |                                       |  |  |  |
|   | Date             | Full name of contributor  | !)                  | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |  |  |
|   | 12/30/2014       | Contributor address; City; State; Zip Code<br>1902 Shadowbrook Circle<br>Round Rock, TX 78681 |                     | \$100.00                              | <br>   |  |  |
|   |                  |   |                     |                                       | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See Ins   | structions)                           |  |  |  |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |  |  |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>1716 Possum Trot Street<br>Round Rock, TX 78681 |                     | \$100.00                              | <br>   |  |  |
|   |                  |   |                     | (If travel outside of                 | Texas, complete Schedule T)                        |  |  |
| Principal occupation / Job title (See Instructions) |                  |   | Employer (See Ins   | structions)                           |  |  |  |
|   | Date             | Full name of contributor  out-of-state PAC (ID#<br>Bradley, Jerry & Linda (Mr. and Mrs.)      | )                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |  |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code 2721 Sam Bass Road Round Rock, TX 78681            |                     | \$300.00                              | <br>   |  |  |
|   |                  |   |                     | (If travel outside of                 | Texas, complete Schedule T)                        |  |  |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See Ins   | structions)                           |  |  |  |
|   |                  |   |                     |                                       |  |  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 3/1     | 14 Report: 5/23                                     |
|---|------------------|---|---------------------|-------------------------------|---|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001           | (Ethics Commission filers)                          |
| 4 | Date             | 5 Full name of contributor ☐ out-of-state PAC (IDF Brevell, David & Vicki (Mr. and Mrs.)            | ‡)                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 12/17/2014       | 6 Contributor address; City; State; Zip Code<br>1404 Pearl Cove<br>Round Rock, TX 78681             |                     | \$200.00                      | <br>  |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup  | pation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |   |
|   | Date             | Full name of contributor  | <u> </u>            | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 12/18/2014       | Contributor address; City; State; Zip Code<br>3703 Hayley's Way<br>Round Rock, TX 78665             |                     | \$100.00                      |   |
|   |                  | Nound Nock, 12 70000  |                     |                               |   |
| _ | Dringing Langua  | otics / Joh title (Con Instructions)  | Familiary (Can In   |                               | Texas, complete Schedule T)                         |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | structions)                   |   |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 12/22/2014       | Contributor address; City; State; Zip Code 4020 Mantle Ridge Drive Cumming, GA 30041                |                     | \$1,000.00                    |   |
|   | Principal accur  | ation / Job title (See Instructions)  | Employer (See In    | <u> </u>                      | Texas, complete Schedule T)                         |
|   | - Ппорагоссир    | ation / 300 title (See instructions)  | Employer (See in    | Structions)                   |   |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 12/02/2014       | Contributor address; City; State; Zip Code<br>2713 Overton Street<br>Round Rock, TX 78665           |                     | \$20.00  <br> <br>            |   |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   | structions)                   |   |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 12/10/2014       | Contributor address; City; State; Zip Code<br>823 Congress Avenue<br>Suite 1505<br>Austin, TX 78701 |                     | \$200.00                      |   |
|   |                  |   |                     |                               | Texas, complete Schedule T)                         |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See In:   | structions)                   |   |

|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 4/                | 14 Report: 6/23                                    |  |
|---|------------------|---|---------------------|---|--|--|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001                     | (Ethics Commission filers)                         |  |
| 4 | Date             | 5 Full name of contributor ☐ out-of-state PAC (ID: Coe, Gary & Holly (Mr. and Mrs.)           | #)                  | 7 Amount of contribution (\$)           | 8 In-kind contribution description (if applicable) |  |
|   | 12/17/2014       | 6 Contributor address; City; State; Zip Code<br>2258 Hamlet Circle<br>Round Rock, TX 78664    |                     | \$100.00                                | <br> <br>  |  |
|   |                  |   |                     | (If travel outside of                   | Texas, complete Schedule T)                        |  |
| 9 | Principal occup  | ation / Job title (See Instructions)  | 10 Employer (See In | structions)                             |  |  |
|   | Date             | Full name of contributor  | ¥)                  | Amount of contribution (\$)             | In-kind contribution description (if applicable)   |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>817 Blue Spring Circle<br>Round Rock, TX 78681  |                     | \$100.00                                | <br>   |  |
|   |                  |   |                     | (If travel outside of                   | Texas, complete Schedule T)                        |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | 1 '                                     |  |  |
|   | , ,,,            |   | , , ,               |   |  |  |
|   | Date             | Full name of contributor  | <u>#)</u>           | Amount of contribution (\$)             | In-kind contribution description (if applicable)   |  |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>P.O. Box 1117<br>Round Rock, TX 78680           |                     | \$250.00                                | <br>   |  |
|   |                  |   |                     |   | ·  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | • | Texas, complete Schedule T)                        |  |
|   | Timolpai occup   | and 17 300 title (300 mandenons)  | Employer (Gee iii)  | Structions)                             |  |  |
|   | Date             | Full name of contributor  uut-of-state PAC (ID# Culpepper, Charles (Mr.)                      | <u> </u>            | Amount of contribution (\$)             | In-kind contribution description (if applicable)   |  |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>1901 Shadowbrook Circle<br>Round Rock, TX 78681 |                     | \$250.00                                | <br>   |  |
|   |                  |   |                     |   | ·  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   |   | Texas, complete Schedule T)                        |  |
|   | Timolpal occup   | anony see the (see mandehons)   | Employer (Gee III   | 311401137                               |  |  |
|   | Date             | Full name of contributor  ut-of-state PAC (ID# Curtis, Matthew (Mr.)                          | <u> </u>            | Amount of contribution (\$)             | In-kind contribution description (if applicable)   |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code 807 Blanco #305                                    |                     | \$100.00                                | <br>   |  |
|   |                  | Austin, TX 78703  |                     | (If travel outside of                   | Texas, complete Schedule T)                        |  |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See In    | <u>'</u>                                | Tonas, complete scriedule 1)                       |  |
|   |                  | (   |                     | ,                                       |  |  |

| The Instruct     | וסא Guide explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 5/      | 14 Report: 7/23                                    |
|------------------|---|---------------------|-------------------------------|--|
| 2 FILER NAME     | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001           | (Ethics Commission filers)                         |
| 4 Date           | 5 Full name of contributor  out-of-state PAC (ID# Dankis, Mark & Gail (Dr. and Mrs.)        | )                   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 12/17/2014       | 6 Contributor address; City; State; Zip Code 2503 Donner Path Round Rock, TX 78681          |                     | \$50.00                       | <br>   |
|                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occu | pation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |  |
| Date             | Full name of contributor  | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 12/02/2014       | Contributor address; City; State; Zip Code<br>4001 Big Bend Trail<br>Taylor, TX 76574       |                     | \$20.00                       | <br>   |
|                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occu   | pation / Job title (See Instructions)   | Employer (See In:   |                               | ,  |
|                  |   |                     |                               |  |
| Date             | Full name of contributor  out-of-state PAC (ID# Eddleman, Don & Linda (Mr. and Mrs.)        | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 12/19/2014       | Contributor address; City; State; Zip Code 2202 Clearwater Drive Round Rock, TX 78681       |                     | \$250.00                      | <br>   |
|                  |   |                     |                               | Texas, complete Schedule T)                        |
| Principal occu   | pation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |  |
| Date             | Full name of contributor  uut-of-state PAC (ID#_Eddleman, Shayne & Kaysie (Mr. and Mrs.)    | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 12/17/2014       | Contributor address; City; State; Zip Code<br>1108 Brendon Lee Lane<br>Georgetown, TX 78626 |                     | \$300.00                      |  |
|                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup  | pation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |  |
| Date             | Full name of contributor  | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 12/16/2014       | Contributor address; City; State; Zip Code<br>1609 Wildwood Drive<br>Round Rock, TX 78681   |                     | \$100.00                      |  |
|                  | ÷   |                     | ((6 brough)                   | Towns normalate Calculate TV                       |
| Principal occur  | pation / Job title (See Instructions)   | Employer (See Ins   |                               | Texas, complete Schedule T)                        |
|                  |   |                     |                               |  |

| The Instruc      | TION GUIDE explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 6/      | 14 Report: 8/23                                     |  |  |  |
|------------------|--|---------------------|-------------------------------|---|--|--|--|
| 2 FILER NAME     | Leffingwell, Frank (Mr.)   |                     | 3 ACCOUNT# 00000001           | (Ethics Commission filers)                          |  |  |  |
| 4 Date           | 5 Full name of contributor ☐ out-of-state PAC (ID Fell, Brian & Suzanne (Mr. and Mrs.)         | #)                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |  |  |  |
| 12/30/2014       | 6 Contributor address; City; State; Zip Code<br>17008 Pagosa Springs Court<br>Austin, TX 78717 |                     | \$100.00                      | <br>  |  |  |  |
|                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
| 9 Principal occi | upation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |   |  |  |  |
| Date             | Full name of contributor   | #)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |  |
| 12/17/2014       | Contributor address; City; State; Zip Code 511 Oakwood Boulevard Suite 301                     |                     | \$100.00                      | <br> <br>   |  |  |  |
|                  | Round Rock, TX 78681   |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See In    |                               | Texas, complete schedule 1)                         |  |  |  |
|                  |  |                     | •                             |   |  |  |  |
| Date             | Full name of contributor   | #)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |  |
| 12/17/2014       | Contributor address; City; State; Zip Code 2011 Plantation Drive Round Rock, TX 78681          |                     | \$250.00                      | <br>  |  |  |  |
|                  |  | <b>,</b>            |                               | Texas, complete Schedule T)                         |  |  |  |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See In:   | structions)                   |   |  |  |  |
| Date             | Full name of contributor   | #)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |  |
| 12/15/2014       | Contributor address; City; State; Zip Code 1501 Bluff Drive Round Rock, TX 78681               |                     | \$100.00                      | <br>  |  |  |  |
|                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See In:   |                               | reads, complete schedule 1)                         |  |  |  |
| Date             | Full name of contributor   | <u> </u>            | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |  |  |
| 12/15/2014       | Contributor address; City; State; Zip Code P.O.Box 552 Round Rock, TX 78680                    |                     | \$100.00                      | [<br> <br>  |  |  |  |
|                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See In:   | ****                          |   |  |  |  |
|                  | _  |                     |                               |   |  |  |  |

| The Instruct     | ION GUIDE explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 7/                             | 14 Report: 9/23                                    |  |  |
|------------------|---|---------------------|--|--|--|--|
| 2 FILER NAME     | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT # 00000001                                 | (Ethics Commission filers)                         |  |  |
| 4 Date           | 5 Full name of contributor  out-of-state PAC (ID Hildreth, Christopher (Mr.)              | #)                  | 7 Amount of contribution (\$)                        | 8 In-kind contribution description (if applicable) |  |  |
| 12/02/2014       | 6 Contributor address; City; State; Zip Code<br>12224 Ballerstedt Road<br>Elgin, TX 78621 |                     | \$40.00  | <br>   |  |  |
|                  |   |                     | (If travel outside of                                | Texas, complete Schedule T)                        |  |  |
| 9 Principal occu | pation / Job title (See Instructions)   | 10 Employer (See In | estructions)   |  |  |  |
| Date             | Full name of contributor  | #)                  | Amount of contribution (\$)                          | In-kind contribution description (if applicable)   |  |  |
| 12/22/2014       | Contributor address; City; State; Zip Code 3009 Cedar Elm Lane Round Rock, TX 78681       |                     | \$50.00  | <br>   |  |  |
|                  | Round Rock, 12 70001  |                     | (If travel outside of                                | Texas, complete Schedule T)                        |  |  |
| Principal occur  | pation / Job title (See Instructions)   | Employer (See In    | L  | · · · · · · · · · · · · · · · · · · ·              |  |  |
|                  | ,   | Zimpleyer (eee iii  |  |  |  |  |
| Date             | Full name of contributor  | #)                  | Amount of contribution (\$)                          | In-kind contribution description (if applicable)   |  |  |
| 12/18/2014       | Contributor address; City; State; Zip Code 2700 Shell Road Georgetown, TX 78626           |                     | \$100.00   |  |  |  |
|                  | Georgetown, 17/10020  |                     | (If travel outside of                                | Texas, complete Schedule T)                        |  |  |
| Principal occup  | pation / Job title (See Instructions)   | Employer (See In    | structions)  |  |  |  |
| Date             | Full name of contributor  | #)                  | Amount of contribution (\$)                          | In-kind contribution description (if applicable)   |  |  |
| 12/17/2014       | Contributor address; City; State; Zip Code<br>3324 Vintage Drive<br>Round Rock, TX 78664  |                     | \$250.00  <br>                                       |  |  |  |
|                  |   |                     | (If travel outside of                                | Texas, complete Schedule T)                        |  |  |
| Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | structions)  |  |  |  |
| Date             | Full name of contributor  | <i>‡</i> )          | Amount of contribution (\$)                          | In-kind contribution description (if applicable)   |  |  |
| 12/08/2014       | Contributor address; City; State; Zip Code<br>2408 Donner Path<br>Round Rock, TX 78681    |                     | \$500.00   |  |  |  |
|                  |   |                     | //6 4 20 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20 | T  |  |  |
| Principal occur  | eation / Job title (See Instructions)   | Employer (See In:   |  | Texas, complete Schedule T)                        |  |  |
| i inicipal occup | and the food management   | Employer (See III:  | 30 d00013/   |  |  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 8/      | 14 Report: 10/23                                   |  |  |
|---|------------------|---|---------------------|-------------------------------|--|--|--|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT# 00000001           | (Ethics Commission filers)                         |  |  |
| 4 | Date             | 5 Full name of contributor  | #)                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |  |
|   | 12/17/2014       | 6 Contributor address; City; State; Zip Code 2511 Resnick Drive Round Rock, TX 78681      |                     | \$150.00                      | <br>   |  |  |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| 9 | Principal occup  | pation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |  |  |  |
|   | Date             | Full name of contributor  | <u> </u>            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/04/2014       | Contributor address; City; State; Zip Code<br>2301 Red Oak Circle<br>Round Rock, TX 78681 |                     | \$250.00                      | <br>   |  |  |
|   |                  | rodia rodi, 17/10001  |                     | j                             |  |  |  |
|   | <u> </u>         |   | F 1 /0 1            |                               | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | structions)                   |  |  |  |
|   | Date             | Full name of contributor  | <u> </u>            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>4516 Balcones Drive<br>Austin, TX 78731     |                     | \$500.00                      | <br>   |  |  |
|   | Dringing age     | otion / Joh title /Con Joseph stiers  | Caralana (Carala    |                               | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   | structions)                   |  |  |  |
|   | Date             | Full name of contributor  | :)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/30/2014       | Contributor address; City; State; Zip Code<br>16020 Dark Lane<br>Austin, TX 78717         |                     | \$100.00                      | <br>   |  |  |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See Ins   | structions)                   |  |  |  |
|   | Date             | Full name of contributor  ut-of-state PAC (ID# Madsen, Larry and Nancy (Mr. and Mrs.)     | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/22/2014       | Contributor address; City; State; Zip Code<br>P.O. Box 1284<br>Round Rock, TX 78680       |                     | \$100.00                      | 1<br> <br>   |  |  |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See Ins   |                               | ,,   |  |  |
|   |                  |   | , , ,               |                               |  |  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 9/      | 14 Report: 11/23                                   |  |  |
|---|------------------|--|---------------------|-------------------------------|--|--|--|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)   |                     | 3 ACCOUNT# 00000001           | (Ethics Commission filers)                         |  |  |
| 4 | Date             | 5 Full name of contributor   | #)                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |  |
|   | 12/22/2014       | 6 Contributor address; City; State; Zip Code<br>7300 Spanish Oak Drive<br>Round Rock, TX 78645 |                     | \$50.00                       | <br>   |  |  |
|   |                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| 9 | Principal occup  | ation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |  |  |  |
|   | Date             | Full name of contributor   | <u> </u>            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/22/2014       | Contributor address; City; State; Zip Code<br>3400 Vintage Drive<br>Round Rock, TX 78664       |                     | \$1,000.00                    | <br>   |  |  |
|   |                  | Noulid Nock, 17 70004  |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)   | Employer (See In:   | structions)                   |  |  |  |
|   |                  |  |                     |                               |  |  |  |
|   | Date             | Full name of contributor   | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/11/2014       | Contributor address; City; State; Zip Code<br>1602 Messick Loop<br>Round Rock, TX 78681        |                     | \$50.00                       | <br>   |  |  |
|   |                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occup  | ation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |  |  |  |
|   | Date             | Full name of contributor   | :)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>307 Gladeview Drive<br>Round Rock, TX 78681      | ************        | \$300.00  <br>                |  |  |  |
|   |                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occupa | ation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |  |  |  |
|   | Date             | Full name of contributor  uut-of-state PAC (ID# Miller, Jonas (Mr.)                            | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 12/02/2014       | Contributor address; City; State; Zip Code 1717 N IH 35 # 304                                  |                     | \$250.00                      |  |  |  |
|   |                  | Round Rock, TX 78664   |                     |                               | ·  |  |  |
|   | Principal assura | ntion / Joh title /See Instructions  | Employer (Sec In    |                               | Texas, complete Schedule T)                        |  |  |
|   | enncipal occupa  | ation / Job title (See Instructions)   | Employer (See Ins   | suuciions)                    |  |  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 10   | )/14 Report: 12/23                                 |  |
|---|------------------|---|---------------------|--|--|--|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT # 00000001   | (Ethics Commission filers)                         |  |
| 4 | Date             | 5 Full name of contributor  | #)                  | 7 Amount of contribution (\$)  | 8 In-kind contribution description (if applicable) |  |
|   | 12/17/2014       | 6 Contributor address; City; State; Zip Code<br>1701 Johnson Way<br>Round Rock, TX 78681      |                     | \$100.00   | <br>   |  |
|   |                  |   |                     | (If travel outside of  | Texas, complete Schedule T)                        |  |
| 9 | Principal occup  | pation / Job title (See Instructions)   | 10 Employer (See In |  |  |  |
|   | Date             | Full name of contributor  | <u>#</u> )          | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>1343 River Forest Drive<br>Round Rock, TX 78663 |                     | \$250.00   | <br>   |  |
|   |                  |   |                     | (If travel outside of  | Texas, complete Schedule T)                        |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    | L .  |  |  |
|   |                  |   |                     |  |  |  |
|   | Date             | Full name of contributor  | <u> </u>            | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |  |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>2921 Cuero Cove<br>Round Rock, TX 78681         |                     | \$500.00   | <br>   |  |
|   |                  |   |                     | (If travel outside of  | Texas, complete Schedule T)                        |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   |  | Texas, complete contended ()                       |  |
|   |                  |   |                     |  |  |  |
|   | Date             | Full name of contributor  | <u>')</u>           | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |  |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>3404 Glenview Avenue<br>Austin, TX 78703        | ************        | \$250.00   | [<br> <br>   |  |
|   |                  |   |                     | //s  | ·  |  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In:   | The concernation where the concernation of the | Texas, complete Schedule T)                        |  |
|   |                  | ,   |                     |  |  |  |
|   | Date             | Full name of contributor  ut-of-state PAC (ID# Peckham, Will (Mr.)                            | !)                  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |  |
|   | 12/18/2014       | Contributor address; City; State; Zip Code 2701 Wokin Cove Round Rock, TX 78681               |                     | \$250.00   | <br>   |  |
|   |                  |   |                     |  | Texas, complete Schedule T)                        |  |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See In:   | structions)  |  |  |

| L |                  |   |                     |                               |  |
|---|------------------|---|---------------------|-------------------------------|--|
|   | The Instruction  | ON GUIDE explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 11      | I/14 Report: 13/23   |
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT # 00000001          | (Ethics Commission filers)   |
| 4 | Date             | 5 Full name of contributor ☐ out-of-state PAC Pratt, Jon & Melinda (Mr. and Mrs.)           | (ID#)               | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)   |
|   | 12/18/2014       | 6 Contributor address; City; State; Zip Co<br>5411 Sam Bass Road<br>Round Rock, TX 78681    | de                  | \$500.00                      | <br>   |
|   |                  |   |                     | (If travel outside of         | Texas, complete Schedule T)  |
| 9 | Principal occup  | ation / Job title (See Instructions)  | 10 Employer (See Ir | nstructions)                  |  |
|   | Date             | Full name of contributor  | (ID#)               | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/30/2014       | Contributor address; City; State; Zip Co<br>603 Chisholm Trail Road<br>Round Rock, TX 78681 | de                  | \$100.00                      | <br>   |
|   |                  | Tround rock, TA 70001   |                     | (If travel outside of         | Texas, complete Schedule T)  |
| _ | Principal occup  | eation / Job title (See Instructions)   | Employer (See Ir    | 1                             | - interpretation of the control of t |
|   |                  | ,   |                     | ,                             |  |
|   | Date             | Full name of contributor  | (ID#)               | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City; State; Zip Co<br>2503 Chowan Way<br>Round Rock, TX 78681         | de                  | \$250.00                      | <br>   |
|   |                  | Trodita Front, 17/10001   |                     | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See Ir    | 1                             |  |
|   |                  |   |                     |                               |  |
|   | Date             | Full name of contributor  | ID#)                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City: State; Zip Co.<br>2604 Sunrise Road<br>Round Rock, TX 78665      | de                  | \$250.00                      | <br>   |
|   |                  | Todala Toda, 12 70005   |                     |                               | ·  |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See Ir    |                               | Texas, complete Schedule T)  |
|   |                  |   |                     |                               |  |
|   | Date             | Full name of contributor  | ID#)                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/19/2014       | Contributor address; City; State; Zip Cor<br>7200 Wyoming Springs Drive<br>Suite 1600       | le                  | \$200.00                      | <br>   |
|   |                  | Round Rock, TX 78681  |                     |                               | -  |
|   | Delegator al     | otion / Joh title (Con Instructions)  |                     | 1                             | Texas, complete Schedule T)  |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See Ir    | istructions)                  |  |

|   | The Instruction  | ON GUIDE explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 12      | 2/14 Report: 14/23                                 |
|---|------------------|--|---------------------|-------------------------------|--|
| 2 | FILER NAME       | Leffingwell, Frank (Mr.)   |                     | 3 ACCOUNT # 00000001          | (Ethics Commission filers)                         |
| 4 | Date             | 5 Full name of contributor ☐ out-of-state PAC (ID#Robinson, Mike (Mr.)                         | <u> </u>            | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 12/17/2014       | 6 Contributor address; City; State; Zip Code<br>925 Blue Spring Circle<br>Round Rock, TX 78681 |                     | \$100.00                      | <br>   |
|   |                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup  | pation / Job title (See Instructions)  | 10 Employer (See In | structions)                   |  |
|   | Date             | Full name of contributor   | <u> </u>            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/30/2014       | Contributor address; City; State; Zip Code<br>6701 N. Park Drive<br>Austin, TX 78757           |                     | \$100.00                      | <br> <br>  |
|   |                  |  |                     | (If travel outside of         | Texas, complete Schedule T)                        |
| _ | Principal occup  | pation / Job title (See Instructions)  | Employer (See In:   |                               | Texas, complete scriedule 1)                       |
|   |                  | ,  |                     | ,                             |  |
|   | Date             | Full name of contributor   | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City; State; Zip Code 2511 Creekbend Circle Round Rock, TX 78681          |                     | \$100.00                      |  |
|   | Dringing ages    | otice / Joh title /Con Joseph attended   | 51/01               |                               | Texas, complete Schedule T)                        |
|   | Principal occup  | ation / Job title (See Instructions)   | Employer (See In:   | structions)                   |  |
|   | Date             | Full name of contributor   | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/15/2014       | Contributor address; City; State; Zip Code<br>1802 Shadowbrook Circle<br>Round Rock, TX 78681  |                     | \$250.00                      |  |
|   |                  |  |                     | (If traval outside of         | Texas, complete Schedule T)                        |
|   | Principal occupa | ation / Job title (See Instructions)   | Employer (See Ins   |                               | Texas, complete schedule 1/                        |
|   |                  |  |                     |                               |  |
|   | Date             | Full name of contributor  ut-of-state PAC (ID# Smith, John & Mary (Mr. and Mrs.)               | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City; State; Zip Code 2507 Melekhin Bend Cedar Park, TX 78613             |                     | \$250.00                      |  |
|   |                  |  |                     |                               | Texas, complete Schedule T)                        |
|   | Principal occupa | ation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |  |

|   | The Instruction          | ON GUIDE explains how to complete this form.   |                     | 1 PAGE #<br>Schedule: 13     | /14 Report: 15/23                                  |
|---|--------------------------|--|---------------------|------------------------------|--|
| 2 | FILER NAME               | Leffingwell, Frank (Mr.)   |                     | 3 ACCOUNT# 00000001          | (Ethics Commission filers)                         |
| 4 | Date                     | 5 Full name of contributor ☐ out-of-state PAC (ID: Swindell, Scott (Mr.)                     | #)                  | 7 Amount of contribution (S) | 8 In-kind contribution description (if applicable) |
|   | 12/15/2014               | 6 Contributor address; City; State; Zip Code<br>1903 West Creek Loop<br>Round Rock, TX 78681 |                     | \$250.00                     | <br>   |
|   |                          |  |                     | (If travel outside of        | Texas, complete Schedule T)                        |
| 9 | Principal occup          | pation / Job title (See Instructions)  | 10 Employer (See In | structions)                  |  |
|   | Date                     | Full name of contributor   | <u>#</u> )          | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
|   | 12/15/2014               | Contributor address; City; State; Zip Code<br>2303 Woodway<br>Round Rock, TX 78681           |                     | \$100.00                     | <br> <br>  |
|   |                          | ,  |                     |                              | ·  |
|   | Dringing Lagran          | ation / Job title (See Instructions)   | Employer (See In    |                              | Texas, complete Schedule T)                        |
|   | Рипсіраї оссир           | ration / Job title (See Instructions)  | Employer (See in    | structions)                  |  |
|   | Date                     | Full name of contributor   | <u> </u>            | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
|   | 12/15/2014               | Contributor address; City; State; Zip Code<br>399 Broade Way<br>Leander, TX 78641            |                     | \$100.00                     |  |
|   |                          |  |                     | <u> </u>                     | Texas, complete Schedule T)                        |
|   | Principal occup          | ation / Job title (See Instructions)   | Employer (See In    | structions)                  |  |
|   | Date                     | Full name of contributor   | ŧ)                  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
|   | 12/04/2014               | Contributor address; City; State; Zip Code<br>4903 Whitehorn Court<br>Austin, TX 78746       |                     | \$500.00                     | <br>   |
|   |                          |  |                     | (If travel outside of        | Texas, complete Schedule T)                        |
|   | Principal occup          | ation / Job title (See Instructions)   | Employer (See In    | structions)                  |  |
|   | Date                     | Full name of contributor   | <u> </u>            | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
|   | 12/22/2014               | Contributor address; City; State; Zip Code 2208 McCombs Drive Georgetown, TX 78626           |                     | \$50.00                      | <br> <br>  |
|   |                          |  |                     | (If travel outside of        | Texas, complete Schedule T)                        |
|   | Principal occup          | ation / Job title (See Instructions)   | Employer (See In    |                              | ,,   |
|   | commont one is a a site. |  |                     |                              |  |

|   | OTTILIN          | THAIT LEBGEG ON EGAI  | 10                  |                                       |  |
|---|------------------|---|---------------------|---------------------------------------|--|
|   | The Instruction  | אס Guide explains how to complete this form.  |                     | 1 PAGE #<br>Schedule: 14              | /14 Report: 16/23                                  |
| 2   | FILER NAME       | Leffingwell, Frank (Mr.)  |                     | 3 ACCOUNT # 00000001                  | (Ethics Commission filers)                         |
| 4   | Date             | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Van Houten, Tammy (Mrs.)              | )                   | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable) |
|   | 12/12/2014       | 6 Contributor address; City; State; Zip Code<br>1003 Collingwood Cv<br>Round Rock, TX 78665 |                     | \$250.00                              | <br>   |
|   |                  |   |                     | (If travel outside of                 | Texas, complete Schedule T)                        |
| 9   | Principal occup  | ation / Job title (See Instructions)  | 10 Employer (See In | structions)                           |  |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
|   | 12/02/2014       | Contributor address; City; State; Zip Code<br>1710 Timberwood Drive<br>Cedar Park, TX 78613 |                     | \$20.00                               |  |
|   |                  | Cedal Faix, 1X 70013  |                     | (If travel outside of                 | Texas, complete Schedule T)                        |
|   | Principal occup  | ation / Job title (See Instructions)  | Employer (See In    |                                       | Texas, complete concease 1,                        |
|   | - Timolpai occup | ation / ood title (ood matastions)  | Employer (GGG III   |                                       |  |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>25 Wilderness Way<br>Round Rock, TX 78664     |                     | \$500.00                              | <br>   |
|   |                  |   |                     | ,                                     | Texas, complete Schedule T)                        |
| Principal occupation / Job title (See Instructions) |                  |   | Employer (See In:   | structions)                           |  |
|   | Date             | Full name of contributor  | )                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
|   | 12/17/2014       | Contributor address; City; State; Zip Code<br>2124 Aaron Ross Way<br>Round Rock, TX 78665   | ***********         | \$150.00                              |  |
|   |                  | Trouble Trouble   |                     | (If travel outside of                 | Texas, complete Schedule T)                        |
|   | Principal occupa | ation / Job title (See Instructions)  | Employer (See In:   | And the control of the control of the | Texas, complete contents ()                        |
|   |                  |   |                     |                                       |  |
|   |                  |   |                     |                                       |  |
|   |                  |   |                     |                                       |  |

| Texas Ethics Commis                  | ssion P.O.Box 12070  | Austin, Te  | exas 78711-2070                                  | (512)463-5800             | TDD 1-800-735-2989                  |
|--------------------------------------|--|---|--|---------------------------|-------------------------------------|
| LOANS                                |  |   |  |                           | SCHEDULE E                          |
| The Instruction Gu                   | IDE explains how to complete t   | this form.  |  | 1 PAGE #<br>Schedule: 1/1 | Report: 17/23                       |
| 2 FILER NAME Le                      | effingwell, Frank (Mr.)  |   |  | 3 ACCOUNT# (              | Ethics Commission filers)           |
| 4<br>TOTAL OF UN                     | ITEMIZED LOANS:  |   | <del>+++++++++++++++++++++++++++++++++++++</del> |                           | \$                                  |
| 5 Date of loan<br>12/05/2014         | 7 Name of lender<br>Leffingwell, Frank (Mr.)                           | □ out-  | of-state PAC (ID#                                |                           | 9 Loan Amount (\$)<br>\$3,000.00    |
| 6 Is lender a financial Institution? | 8 Lender address; City;<br>1948 Savannah Drive<br>Round Rock, TX 78681 | State;  | Zip Code   |                           | 10 Interest rate 0 11 Maturity date |
|                                      | n / Job title (See Instructions)                                       |   | 13 Employer (See Instruct                        | ions)                     | 12/05/2015                          |
|                                      |  |   |  |                           |                                     |
| 14 Description of Colla              | teral  |   | 15 Check if personal funds                       | s were deposited into     | o political account                 |
| 16 GUARANTOR<br>INFORMATION          | 17 Name of guarantor  18 Guarantor address; City;                      | State;  | Zip Code   |                           | 19 Amount Guaranteed (\$)           |
| X not applicable                     |  | otate,  | 9  | ×                         | i i                                 |
| 20 Principal Occupation              | n  |   | 21 Employer                                      |                           |                                     |
| Date of loan<br>12/12/2014           | Name of lender<br>Leffingwell, Frank (Mr.)                             | ☐ out-  | of-state PAC (ID#                                | )                         | Loan Amount (\$)<br>\$1,000.00      |
| Is lender a financial Institution?   | Lender address; City;<br>1948 Savannah Drive<br>Round Rock, TX 78681   | State;  | Zip Code   | ***                       | Interest rate<br>0                  |
| No                                   | Round Rock, 12 70001   |   |  |                           | Maturity date<br>12/12/2014         |
| Principal occupation                 | / Job title (See Instructions)   |   | Employer (See Instruct                           | ions)                     |                                     |
| Description of Collateral  X none    |  | Check if personal funds were deposited into political account |  | political account         |                                     |
| GUARANTOR<br>INFORMATION             | Name of guarantor  |   | L  |                           | Amount Guaranteed (\$)              |
| X not applicable                     | Guarantor address; City;   | State;  | Zip Code   |                           |                                     |
| Principal Occupation                 | 1  |   | Employer   |                           |                                     |
|                                      |  |   | A  |                           |                                     |

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense OTHER (enter a category not listed above)

Contributions/Donations Made By
Candidate/Officeholder/Political Committee Travel Out Of District
Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Leffingwell, Frank (Mr.) 00000001 Schedule: 1/6 Report: 18/23 4 Date 5 Payee name Carter, Charles (Mr.) 12/04/2014 Payee address City; State; Zip Code 6 Amount (\$) 234 Olde Oaks Drive \$1,377.00 Georgetown, TX 78633 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Service fees to campaign consultant Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Korey Howell Photography 12/17/2014 Zip Code Amount (\$) Payee address City; State; 9707 Anderson Mill Road \$189.44 #310 Austin, TX 78750 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Photography fees Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Leffingwell, Bethany (Mrs.) 12/31/2014 Payee address City; State; Zip Code Amount (\$) 1948 Savannah Drive \$189.42 Round Rock, TX 78681 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Direct reimbursement of amounts spent for Loan Repayment/Reimbursement OF advertising on Facebook **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Leffingwell, Frank (Mr.) 12/18/2014 Amount (\$) Payee address City; State; Zip Code 1948 Savannah Drive \$3,000.00 Round Rock, TX 78681 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Repayment of loan of personal funds to campaign Loan Repayment/Reimbursement OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

|   | Polling Expense Travel Out Of D Printing Expense Office Overhead  | District Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above)  |
|---|---|---|
|   | The Instruction Guide explains he   | ow to complete this form.   |
| 1 PAGE #  | 2 FILER NAME  | 3 ACCOUNT # (TEC filers)  |
| Schedule: 2/6 Re  | eport: 19/23 Leffingwell, Frank (Mr.)   | 0000001   |
| 4 Date  | 5 Payee name  | 1   |
| 12/19/2014  | Leffingwell, Frank (Mr.)  |   |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code   |   |
| \$1,000.00  | 1948 Savannah Drive   |   |
| Φ1,000.00   | Round Rock, TX 78681  |   |
|   |   |   |
| 8   | (a) Category (See Categories listed at the top of this schedule)  | (b) Description (If travel outside of Texas, complete Schedule T)   |
| PURPOSE   | Loan Repayment/Reimbursement  | Repayment of loan of personal funds to campaign   |
| OF<br>EXPENDITURE   |   |   |
| EXI ENDITORE  |   | Check if Austin, TX, officeholder living expense  |
| 9 Complete ONLY if  | Candidate / Officeholder name   | Office sought: Office held:   |
| direct expenditure to benefit C/OH  |   |   |
|   |   |   |
| Date  | Payee name  |   |
| 12/05/2014  | Minute Man Press  |   |
| Amount (\$)   | Payee address City; State; Zip Code   |   |
| \$381.58  | 1904 S Austin Ave   |   |
|   | Georgetown, TX 78626  |   |
|   |   |   |
| BUBBBBB   | Category (See Categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)   |
| PURPOSE<br>OF   | Advertising Expense   | Printing and signs  |
| EXPENDITURE   |   |   |
|   |   | Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure   | Candidate / Officeholder name   | Office sought: Office held:   |
|   |   |   |
| to benefit C/OH   |   |   |
|   | Pavee name  |   |
| Date  | Payee name<br>Minute Man Press  |   |
| Date<br>12/05/2014  | Minute Man Press  |   |
| Date<br>12/05/2014<br>Amount (\$)   | Minute Man Press  Payee address  City; State; Zip Code  |   |
| Date<br>12/05/2014  | Minute Man Press  Payee address City; State; Zip Code  1904 S Austin Ave  |   |
| Date<br>12/05/2014<br>Amount (\$)   | Minute Man Press  Payee address  City; State; Zip Code  |   |
| Date<br>12/05/2014<br>Amount (\$)   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  | Description (If travel outside of Taxas, complete Schedule T)   |
| Date<br>12/05/2014<br>Amount (\$)   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)   |
| Date<br>12/05/2014<br>Amount (\$)<br>\$2,567.69<br>PURPOSE<br>OF  | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  |   |
| Date<br>12/05/2014<br>Amount (\$)<br>\$2,567.69   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule)  | Signs'  |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense   | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule)  | Signs'  |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if  | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense   | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense   | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date                                   | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$)            | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press   | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014                        | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code  | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$)            | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave  | Signs  Check if Austin, TX, officeholder living expense   |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$) \$1,078.14 | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave  | Signs  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T)                    |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$) \$1,078.14 | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626   | Signs  Check if Austin, TX, officeholder living expense  Office sought: Office held:  |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$) \$1,078.14 | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) | Signs  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T)                    |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$) \$1,078.14 | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) | Signs  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T)                    |
| Date 12/05/2014 Amount (\$) \$2,567.69  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 12/12/2014 Amount (\$) \$1,078.14 | Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) Printing Expense  Candidate / Officeholder name  Payee name Minute Man Press  Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626  Category (See Categories listed at the top of this schedule) | Signs  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T) Printing and Signs |

Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Expe<br>Event Expense<br>Fees                                    | Polling Expense Travel Out Of Dis<br>Printing Expense Office Overhead/                                   | Rental Expense OTHER (enter a category not listed above)                             |
|---|--|--|
|   | The Instruction Guide explains how   |  |
| 1 PAGE # Schedule: 3/6 Report: 20/23  2 FILER NAME Leffingwell, Frank (Mr.) |  | 3 ACCOUNT# (TEC filers) 00000001   |
| 4 Date  | 5 Payee name   |  |
| 12/30/2014  | Minute Man Press   |  |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code  |  |
| \$328.34  | 1904 S Austin Ave  |  |
| <b>402010</b>   | Georgetown, TX 78626   |  |
|   |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)   | (b) Description (If travel outside of Texas, complete Schedule T)                    |
| PURPOSE<br>OF   | Printing Expense   | Handout printing   |
| EXPENDITURE   |  |  |
|   | 2 " 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Check if Austin, TX, officeholder living expense                                     |
| 9 Complete ONLY if<br>direct expenditure                                    | Candidate / Officeholder name  | Office sought: Office held:  |
| to benefit C/OH   |  |  |
| Date  | Payee name   |  |
| 12/09/2014  | Office Depot   |  |
| Amount (\$)   | Payee address City; State; Zip Code  |  |
| \$29.22   | 110 N. I-35, Ste. 298  |  |
|   | Round Rock, TX 78681   |  |
|   |  |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)   | Description (If travel outside of Texas, complete Schedule T) Printing supplies      |
| OF  | Advertising Expense  | Filliting supplies   |
| EXPENDITURE   |  |  |
| Complete ONLY if  | Candidate / Officeholder name  | Office sought: Office held:  |
| direct expenditure  | Candidate / Officeriolder frame  | Office sought.   |
| to benefit C/OH   |  |  |
| Date  | Payee name   |  |
| 12/10/2014  | Office Depot   |  |
| Amount (\$)   | Payee address City; State; Zip Code  |  |
| \$176.40  | 110 N. I-35, Ste. 298  |  |
|   | Round Rock, TX 78681   |  |
|   |  |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule) Advertising Expense                         | Description (If travel outside of Texas, complete Schedule T) Printing supplies      |
| OF  | Advertising Expense  | 3  |
| EXPENDITURE   |  | Check if Austin, TX, officeholder living expense                                     |
| Complete ONLY if  | Candidate / Officeholder name  | Office sought: Office held:  |
| direct expenditure to benefit C/OH  |  | · ·  |
|   |  |  |
| Date  | Payee name   |  |
| 12/04/2014  | PayPal  Payee address City: State: Zip Code  |  |
| Amount (\$)   |  |  |
| \$7.55  |  |  |
|   | 2211 North First Street  |  |
|   |  |  |
|   | 2211 North First Street<br>San Jose, CA 95131  | Description (If travel outside of Texas, complete Schedule T)                        |
| PURPOSE   | 2211 North First Street  | Description (If travel outside of Texas, complete Schedule T) Payment processing fee |
| OF  | 2211 North First Street San Jose, CA 95131  Category (See Categories listed at the top of this schedule) |  |
|   | 2211 North First Street San Jose, CA 95131  Category (See Categories listed at the top of this schedule) |  |
| OF  | 2211 North First Street San Jose, CA 95131  Category (See Categories listed at the top of this schedule) | Payment processing fee   |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| Event Expense<br>Fees                                       | Polling Expense I ravel Out Or Dis<br>Printing Expense Office Overhead/ The Instruction Guide explains hov | Rental Expense OTHER (enter a category not listed above)                                 |
|---|--|--|
| 1 PAGE#   | 2 FILER NAME   | 3 ACCOUNT# (TEC filers)  |
| Schedule: 4/6 Re  | eport: 21/23 Leffingwell, Frank (Mr.)  | 00000001   |
| 4 Date  | 5 Payee name   |  |
| 12/10/2014  | PayPal   |  |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code  |  |
| \$6.10  | 2211 North First Street<br>San Jose, CA 95131  |  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule)  Fees                                     | (b) Description (If travel outside of Texas, complete Schedule T) Payment processing fee |
| OF<br>EXPENDITURE   |  |  |
|   |  | Check if Austin, TX, officeholder living expense   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name  | Office sought: Office held:  |
| Date<br>12/11/2014  | Payee name<br>PayPal   |  |
| Amount (\$)   | Payee address City; State; Zip Code  |  |
| \$1.75  | 2211 North First Street<br>San Jose, CA 95131  |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule) Fees  | Description (If travel outside of Texas, complete Schedule T) Payment processing fee     |
| OF<br>EXPENDITURE   |  |  |
| EXI ENDITORE  |  | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought: Office held:  |
| Date  | Payee name   |  |
| 12/12/2014  | PayPal   |  |
| Amount (\$)   | Payee address City; State; Zip Code  |  |
| \$7.55  | 2211 North First Street<br>San Jose, CA 95131  |  |
|   | Category (See Categories listed at the top of this schedule)   | Description (If travel outside of Texas, complete Schedule T)                            |
| PURPOSE<br>OF   | Fees   | Payment processing fee   |
| EXPENDITURE   |  |  |
| Complete ONLY if  | Candidate / Officeholder name  | Office sought: Office held:  |
| Complete ONLY if direct expenditure to benefit C/OH         | Cardidate / Officeriolder flame  | Office sought.   |
| Date  | Payee name   |  |
| 12/15/2014  | PayPal   |  |
| Amount (\$)   | Payee address City; State; Zip Code  |  |
| \$3.20  | 2211 North First Street<br>San Jose, CA 95131  |  |
| PURPOSE<br>OF   | Category (See Categories listed at the top of this schedule) Fees  | Description (If travel outside of Texas, complete Schedule T) Payment processing fee     |
| EXPENDITURE   |  | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if  | Candidate / Officeholder name  | Office sought: Office held:  |
| direct expenditure<br>to benefit C/OH                       |  |  |

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Expe<br>Event Expense<br>Fees                    | Polling Expense Travel Out Of D<br>Printing Expense Office Overhea              | District Candidate/Officeholder/Political Committee<br>Id/Rental Expense OTHER (enter a category not listed above) |
|---|---|--|
|   | The Instruction Guide explains he   | •  |
| 1 PAGE#<br>Schedule: 5/6 Re                                 | eport: 22/23 2 FILER NAME<br>Leffingwell, Frank (Mr.)                           | 3 ACCOUNT # (TEC filers) 00000001  |
| 4 Date  | 5 Payee name  |  |
| 12/15/2014  | PayPal  |  |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code   |  |
| \$1.75  | 2211 North First Street<br>San Jose, CA 95131                                   |  |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule) Fees           | (b) Description (If travel outside of Texas, complete Schedule T) Payment processing fee                           |
|   | 0 114 107 144   | Check if Austin, TX, officeholder living expense   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name   | Office sought: Office held:  |
| Date  | Payee name  |  |
| 12/16/2014  | PayPal  |  |
| Amount (\$)   | Payee address City; State; Zip Code   |  |
| \$3.20  | 2211 North First Street<br>San Jose, CA 95131                                   |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)                    | Description (If travel outside of Texas, complete Schedule T) Payment processing fees                              |
| OF  | Fees  | rayment processing lees  |
| EXPENDITURE   |   | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if<br>direct expenditure<br>to benefit C/OH   | Candidate / Officeholder name   | Office sought: Office held:  |
| Date  | Payee name  |  |
| 12/18/2014  | PayPal  |  |
| Amount (\$)<br>\$3.20                                       | Payee address City; State; Zip Code  2211 North First Street San Jose, CA 95131 |  |
| V 0 900 SK NA 9812N   | Category (See Categories listed at the top of this schedule)                    | Description (If travel outside of Texas, complete Schedule T)  |
| PURPOSE<br>OF   | Fees  | Payment processing fees  |
| EXPENDITURE   |   |  |
|   |   | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought: Office held:  |
| Date  | Payee name  |  |
| 12/18/2014  | PayPal  |  |
| Amount (\$)   | Payee address City; State; Zip Code   |  |
| \$3.20  | 2211 North First Street<br>San Jose, CA 95131                                   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Fees               | Description (If travel outside of Texas, complete Schedule T) Payment processing fees                              |
| EXI ENDITORE  |   | Check if Austin, TX, officeholder living expense   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought: Office held:  |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Event Expense Fees Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Leffingwell, Frank (Mr.) Schedule: 6/6 Report: 23/23 00000001 4 Date 5 Payee name PayPal 12/18/2014 6 Amount (\$) Payee address City; State; Zip Code 2211 North First Street \$3.20 San Jose, CA 95131 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 (b) Description **PURPOSE** Payment processing fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/31/2014 **RBank** Payee address Amount (\$) City; State; Zip Code 1900 Round Rock Ave. \$5.00 Round Rock, TX 78681 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Bank account service fee Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/30/2014 RustyDesigns Payee address Amount (\$) City; State; Zip Code \$100.00 2002 Turning Leaf Drive Bryan, TX 77807 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting services - identification of voters Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Soleer LLC 12/17/2014 Amount (\$) Payee address City; State; Zip Code 12503 McLoughlin Pt \$1,000.00 Austin, TX 78726 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Website development fees Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

Office held:

Office sought: